

Program HH Covered Dental Services

Diagnostic

- Comprehensive exam (once every three years, but not within three years of a comprehensive exam covered by Medicaid)
- Periodic exam (once every six months, but not within six months of a periodic exam covered by Medicaid)
- Bitewing x-rays (once a year, unless already covered by Medicaid)
- Periapical x-rays
- Full mouth series (once every four years)
- Panoramic x-ray (once every three years but not within three years of a panoramic x-ray covered by Medicaid, except, if provided in conjunction with a scheduled outpatient facility procedure, or as medically necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma. Once every two years for patients who cannot cooperate for intra-oral film due to a developmental disability or medical condition that does not allow for intra-oral film placement.)

Preventive

- Prophylaxis
 1. For those with MA coverage – once per six months, but not within six months of a prophylaxis covered by MA
 2. For those with HH coverage only, once every six months
 3. For those with previous history of documented periodontal therapy
 - May be alternated with a periodontal maintenance appointment
- Fluoride Varnish (once a year)
- Sealants (recipients through age 18, only 1st and 2nd permanent molars)

Restorative

- Posterior fillings (paid at the amalgam rate regardless of the material used.)
- Anterior fillings
- Crowns (made of prefabricated stainless steel, prefabricated resin, or laboratory resin)

Endodontics

- Endodontics (Anterior and premolars only, molars with prior authorization)

Periodontics

- Scaling and Root Planing (once every 3 years)
- Full mouth debridement (once every five years)
- Periodontal maintenance (once per six months, but not within three months of a prophylaxis covered by MA or HHI)

Prosthodontics

- Removable appliances (once per arch every 3 years, but not within three years of a removable appliance provided by MA)
 1. Partial dentures must meet utilization criteria and be prior authorized
- Reline, rebase and repair of removable appliance (may not exceed the cost of new appliance)

Limited to children thru age 20

- Fixed Partial Denture (Crowns & Pontics) (must meet utilization criteria and be prior authorized)

Oral Surgery

- Extractions
- Biopsies
- Incise & Drain
- Splinting (for repositioning a traumatized tooth or stabilizing an alveolar fracture)

Limited to children thru age 20

- Tooth transplantation (prior authorization required)
- Placement of device to facilitate eruption of impacted tooth (prior authorization required)
- Surgical repositioning of teeth (prior authorization required)
- Transseptal fibrotomy (prior authorization required)
- Radical resection of maxilla or mandible (prior authorization required)
- Bone replacement graft for ridge preservation — per site (prior authorization required)

Orthodontic (limited to children thru age 20)

- Treatment that meets the specifications of utilization criteria

Temporomandibular Joint (TMJ) Disorder

- Occlusal orthotic appliance (must meet utilization criteria and be prior authorized)

- Unspecified TMD therapy, by report (must meet utilization criteria and be prior authorized)
- All TMJ splints (must meet utilization criteria and be prior authorized)

Relief of Pain

- Palliative Tx
- Sedative Fillings